POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		19	4/801
FORMALITY REVIEW	In	(52	01-06-01
Response	1/>INI	DEX OF CLAIMS	10125101
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Claim Date	Claim	Date	Claim Date
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Claim	Claim Date	Claim Date	1
Claim Date  Linia Congine Claim  Claim Congine Clai	<u></u>	<u></u>	
Final Origin	Pinal Original	Original Original	
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	51 52	110	1-1-1
( <del>2</del>  /  <u>&gt;</u>	53	113	+
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If more than 150 claims or 10 actions staple additional sheet here

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